

## APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Type:: REGULAR  
Subject Matter:: UTILITY  
CD-ROM or CD-R?: NONE  
Title:: CYCLIC TETRAPEPTIDE COMPOUND  
AND USE THEREOF  
Attorney Docket Number:: 255015US0PCT  
Total Drawing Sheets:: 3

## INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Shigeki  
Family Name:: SATOH  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-  
7, Doshomachi 3-chome, Chuo-ku,  
Osaka-shi  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Yasuharu  
Family Name:: URANO  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-  
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Country of Mailing Address:: Japan  
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DT04 Rec'd PCT/PTO 25 JUN 2004

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Kazuhiko
Family Name::	OSODA
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Mitsuru
Family Name::	HOSAKA
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Kozo
Family Name::	SAWADA
City of Residence::	Osaka
Country of Residence::	Japan
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Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Takayuki
Family Name::	INOUE
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Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Hiroaki
Family Name::	MORI
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
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Postal or Zip Code of Mailing Address::	541-8514
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Shoji
Family Name::	TAKAGAKI
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
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Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Takao  
Family Name:: FUJIMURA  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi  
  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
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Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Hideaki  
Family Name:: MATSUOKA  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi  
  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Japan  
Status:: FULL CAPACITY  
Given Name:: Katsuhiko  
Family Name:: YOSHIZAWA  
City of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi  
  
City of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 541-8514

## CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP02/13754	12/27/02

#### FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
PR 9779	Australia	12/28/01	YES
2002952117	Australia	10/10/02	YES

#### ASSIGNMENT INFORMATION

Assignee Name:: Fujisawa Pharmaceutical Co. Ltd.  
Street of Mailing Address:: 4-7, Doshomachi 3-chome, Chuo-ku,  
Osaka-shi  
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Postal or Zip Code of Mailing Address:: 541-8514